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14. ABSTRACT Research has reported perceived barriers to care in military populations, but there have not been any studies to date that demonstrate the degree to which subjective barriers translate into lack of utilization. Moreover, studies of mental health service utilization have not examined patient beliefs and perceptions, instead focusing on characteristics such as race, gender, and socio-demographic variables. To our knowledge there have not been any systematic investigations into what soldiers believe about mental health treatment. Results from this study will provide the mental health community with valuable information about 1) Barriers to receiving mental healthcare in symptomatic individuals; 2) The effects those barriers have on health care utilization; 3) Beliefs about mental health and treatment preferences that can inform education and treatment planning efforts; 4) Factors associated with psychological resilience and how those factors affect healthcare utilization. In the past year, a Fort Drum Combat Brigade withdrew from participation immediately prior to our data collection date. Further, a negative incident involving an unrelated research team caused a delay for all research on post. We are re-negotiating our collaboration with Fort Drum and have concurrently established a collaboration with colleagues at Fort Bragg to complete this study. We have applied for a one-year no-cost extension and anticipate this project to be completed by September, 2012.					
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INTRODUCTION

A recent survey of three different groups of soldiers (N = 3,671) returning from Afghanistan and Iraq found that 11.2 -17.1% met screening criteria for a mental disorder. However, only 23-40% of those with a positive screen were interested in receiving mental health care. Research has reported perceived barriers to care in military populations, but there have not been any studies to date that demonstrate the degree to which subjective barriers translate into lack of utilization. Moreover, studies of mental health service utilization have not examined patient beliefs and perceptions, instead focusing on characteristics such as race, gender, and socio-demographic variables. To our knowledge there have not been any systematic investigations into what soldiers believe about mental health treatment. Moreover, there have been no studies examining how beliefs about treatment and etiology of psychological disorders relate to seeking professional help at a military mental health clinic and to general healthcare utilization. The intended scope of this award is to collect data from a sample (n= 3600) of Active Duty Service Members from the 10th Mountain Light Infantry Division, Fort Drum NY, who have recently returned from a deployment to Iraq or Afghanistan.

BODY

We anticipated our data collection to occur in Spring of 2011. However, two weeks prior to the collection date, the BCT withdrew their involvement in the study. We then began scheduling for a summer data collection time with another BCT. Unfortunately, an incident on Post with an un-related third party research group that was also collaborating with Dr. Benham caused a shut down of all research activities at Fort Drum. This research embargo caused a 6-month delay while we awaited decisions from Fort Drum JAG and Acting Division Surgeon regarding our ability to conduct this research. The decision was reached that the third party research team needed to obtain a tasking from FORSCOM to conduct their research at Fort Drum. While we begin this process for our protocol, Dr. Southwick is scheduled to speak with Division about the protocol in the hopes of regaining Division and BCT support that would remove the need for the tasking.

Additionally, we have pursued conducting this survey at another site with another ongoing collaborator. LCT Jeffrey McNeil, PhD is Deputy Director, Psychological Applications, US Army Special Operation Command (Airborne) at Fort Bragg and has agreed to collaborate with us on this project. Command has requested that we collaborate with RTI International, a for-profit firm specializing in military epidemiology research that had also requested to study stigma at Fort Bragg. All parties met in August 2011 and developed a plan to proceed with conducting this survey. Dr. Southwick discussed this plan with Dr. Niu, the Program Officer for this award, and a final 1-year no-cost extension was requested and granted.

Currently, we are moving forward with pursuing this protocol at both research sites (Fort Drum and Fort Bragg). We will amend the current protocol to include the second site at Fort Bragg. We expect this award to be completed by October, 2012.

Measures

The following measures will be administered in the survey:

Demographic data will be accessed from each participant's Post-Deployment Health Reassessment (PDHRA) form filled out immediately prior to participation in the survey. As race and ethnicity are not asked as part of the PDHRA, we will include an assessment item asking each participant to identify themselves as one or more of the following:

1. American Indian or Alaska Native
 2. Asian
 3. Black or African American
 4. Native Hawaiian or Other Pacific Islander
 5. White
-
1. Hispanic or Latino
 2. Not Hispanic or Latino

Barriers to Care Inventory: An 11-item self-report assessment of obstacles that prevent or dissuade individuals from seeking mental health treatment. This measure assesses pressures such as lack of trust, stigma, stereotypes, finances, time-off from work, and psychological insecurity. Comparison data available for $N = 6153$ combat veterans, including stratified samples of soldiers who met screening criteria for psychopathology ($n = 731$) and those who did not ($n = 5422$) following deployments to Iraq and Afghanistan (Hoge et al., 2004). Approximate time to complete: 3-5 min.

Beliefs about Psychotropic Medications & Psychotherapy: A 14-item Likert scale assessment of personal beliefs about psychotropic medication and psychotherapy. Scale items were derived via confirmatory factor analysis of ($n = 232$) participants enrolled in the Collaborative Care for Anxiety and Panic (CCAP) study comprising community care clinics in Seattle, San Diego, and Los Angeles. Six scale items assess beliefs about medications, with the remaining eight items assessing patient beliefs about psychotherapy. Cronbach's alpha's for the medication and psychotherapy sub-scales were .71 and .82 respectively, indicating acceptable to good internal consistency (Bystritsky et al., 2005). Approximate time to complete: 3-5 min.

Connor-Davidson Resilience Scale (CD-RISC): The CD-RISC was developed as a self-report assessment of psychological resilience. The scale comprises 25 Likert scale items that assess five orthogonal resilience factors, with five items per factor (Factor 1 = personal competence; Factor 2 = trust and tolerance of negative affect; Factor 3 = acceptance of change; Factor 4 = control; Factor 5 = spiritual influences). Psychometric data was obtained from multiple samples including non-help seeking ($n = 577$), psychiatric outpatients ($n = 43$), primary care patients ($n = 139$), and subjects enrolled in a PTSD treatment study ($n = 44$). The CD-RISC was shown to have high test-retest reliability ($r = .87$) and good internal consistency (Cronbach's alpha = .89). Results also revealed the CD-RISC to be sensitive to the effects of treatment, with greater therapeutic

improvement marked by proportionate increases in resilience (Connor & Davidson, 2003). Approximate time to complete: 3-5 min.

Fear of Loss of Vigilance Questionnaire: The FLOV-Q was developed to evaluate the hypothesis that predisposition to PTSD is characterized more by symptoms of Nocturnal Panic (NP) compared to day-time Panic Disorder (PD). Items for this scale were derived from patient reports during administration of the Anxiety Disorders Interview Scale (ADIS-IV; Brown et al., 1994). Items with factor loadings $> .30$ were retained, resulting in a 14-item scale assessing the degree of anxiety or distress an individual experiences about a variety of physiological sensations associated with a loss of vigilance (e.g. drowsiness, daydreaming, fatigue, being in a daze or zoning out). The measure correlated well ($r = .40$) with the Posttraumatic Stress Disorder Scale (PDS; Foa, 1995) severity score index. The measure also showed good test-retest reliability ($r = .77$), and high internal consistency (Cronbach's alpha = .92 - .94; Tsao & Craske, 2003). Approximate time to complete: 3-5 min.

Posttraumatic Stress Checklist-Military (PCL-M): The PCL-M is a 17 item self-report assessment of PTSD symptom severity developed by the National Center for PTSD. The military version of the PCL is keyed to stressful military experiences, and corresponds to 17 items directly adapted from the DSM-IV PTSD criteria. Psychometric data was obtained from veterans of the Vietnam War as well as the Persian Gulf War. The PCL-M demonstrated good internal consistency (Cronbach's alpha = .96 and .97 respectively). Test-retest reliability over a 2-3 day period was $r = .96$ (Weathers & Ford, 1996). Approximate time to complete: 5-7 min.

Psychiatric Disability Attribution Questionnaire (PDAQ): The PDAQ is a 36 item Likert scale assessment of stigma and discriminatory beliefs about six different disorders or diseases (Cocaine Addiction, Mental Retardation, AIDS, Psychosis, Depression, and Cancer). The PDAQ has three empirically derived scales (Factor 1 = stability; Factor 2 = controllability; Factor 3 = pity) applicable to each of the six pathologies. The stability factor assesses the degree to which the respondent believes counseling and medication will be helpful. The controllability factor measures how much the respondent avoids individuals afflicted with each of the six pathologies, as well as how much personal blame is attributed to a given disease or disorder. Test-retest reliability for the PDAQ ranges from fair to good ($r = .57 - .83$; Corrigan, River, Lundin et al., 2000). For the purposes of this study, only two of the six disorders (Depression and Psychosis) were chosen for inclusion in the assessment. Additional modifications were made to the measure by replacing the word 'Cancer' with 'PTSD' to create a third scale assessing attributions about PTSD. These modifications result in an 18 item scale, with each of the three disorders comprising six questions. Approximate time to complete: 3-5 min.

Unit Support Scale: A 12 item Likert scale assessment of nature of professional relationships and cohesion between the soldier and his/her unit. Questions on this measure include "my unit was like a family to me," "I could go to most people in my unit for help when I had a personal problem," and "my superiors made a real attempt to treat me as a person." This measure is also part of the DRRI and demonstrated good internal

consistency (Cronbach's alpha = .94; King, King, & Vogt, 2003). Approximate time to complete: 1-2 min.

Approximate time to complete entire battery: 30 min.

KEY RESEARCH ACCOMPLISHMENTS

- Second research site identified and collaboration established.
- A one-year no-cost extension of this award was approved.

REPORTABLE OUTCOMES

We are now ready to execute the protocol. We anticipate successful survey data collection and data pre-processing. This award should be accomplishable in a 12 month time period.

CONCLUSION

This research addresses important issues regarding Service Members' perceptions of barriers to care, resilience, and health care utilization. There is no mechanism in place for Active Duty Military Bases to co-ordinate and review the numerous research study taskings and requests received, nor a mechanism for JAG to interact with research IRBs to understand the process of how a study is approved for use, including those under military IRB review. Now that these reviews have concluded, we anticipate no further delays.

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FORT DRUM RESILIENCE PROJECT

1. Today's Date

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mm dd yyyy

2. Last Name

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3. First Name

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 I.

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4. Date of Birth

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mm dd yyyy

5. Last 4 Social Security Number

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6. Ethnicity: Hispanic or Latino Yes No

7. Race: (check one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

FORT DRUM RESILIENCE PROJECT

Section A: Perceived Barriers to Care Assessment

Rate how each of the possible concerns might affect your decision to receive mental health counseling or services if you ever had a problem.

	Strongly DISAGREE	DISAGREE	UNSURE		Strongly AGREE
			NEITHER AGREE NOR DISAGREE	AGREE	
1. I don't trust mental health professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I don't know where to get help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I don't have adequate transportation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. It is difficult to schedule an appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. There would be difficulty getting time off work for treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Mental health care costs too much money.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. It would be too embarrassing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. It would harm my career.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Members of my unit might have less confidence in me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My unit leadership might treat me differently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My leaders would blame me for the problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I would be seen as weak.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Mental health care doesn't work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Psychotherapy is not effective for most people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Being in therapy is a sign of weakness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Therapy can help individuals overcome stressful life events.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Anxiety and depression symptoms can usually be improved with medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Medications for anxiety and depression do not help a person cope better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Most medications for anxiety and depression are highly addictive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section B: Beliefs About Psychotherapy

Please indicate the degree to which you personally AGREE or DISAGREE with each statement.

	Strongly DISAGREE	DISAGREE	Neutral	AGREE	Strongly AGREE
1. Therapy is ineffective for most people.	<input type="radio"/>				
2. Therapy patients are wasting money.	<input type="radio"/>				
3. Therapy often harms the patient's relationships with other people.	<input type="radio"/>				
4. Being in therapy is a sign of weakness.	<input type="radio"/>				
5. Therapy offers patients new and beneficial perspectives.	<input type="radio"/>				
6. Therapy is unhealthy because patients usually become dependent on their relationships with the therapist.	<input type="radio"/>				
7. Therapy can help individuals overcome stressful life events.	<input type="radio"/>				
8. Therapy can be a healthy experience for anyone.	<input type="radio"/>				

Section C: Beliefs About Medications

Please indicate the degree to which you personally AGREE or DISAGREE with each statement.

	Strongly DISAGREE	DISAGREE	Neutral	AGREE	Strongly AGREE
1. Anxiety and Depression symptoms can usually be improved with medication.	<input type="radio"/>				
2. Medications are an important part of the treatment of anxiety and depression.	<input type="radio"/>				
3. Medications for anxiety and depression can help a person feel better physically.	<input type="radio"/>				
4. People with anxiety should avoid taking medications to help their anxious problems.	<input type="radio"/>				
5. Medications for anxiety and depression do not help a person cope better.	<input type="radio"/>				
6. Most medications for anxiety and depression are highly addictive.	<input type="radio"/>				

Section D: Connor- Davidson Resilience Scale (CD-RISC)

Please indicate how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

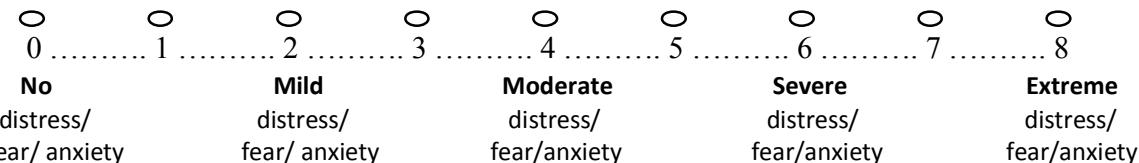
	Not At All True	Rarely True	Sometimes True	Often True	True Nearly All the Time
1. I am able to adapt when changes occur.	<input type="radio"/>				
2. I have at least one close and secure relationship which helps me when I am stressed.	<input type="radio"/>				
3. When there are no clear solutions to my problems, sometimes fate or God can help.	<input type="radio"/>				
4. I can deal with whatever comes my way.	<input type="radio"/>				
5. Past successes give me confidence in dealing with new challenges and difficulties.	<input type="radio"/>				
6. I try to see the humorous side of things when I am faced with problems.	<input type="radio"/>				
7. Having to cope with stress can make me stronger.	<input type="radio"/>				
8. I tend to bounce back after illness, injury, or other hardships.	<input type="radio"/>				
9. Good or bad, I believe that most things happen for a reason.	<input type="radio"/>				
10. I give my best effort, no matter what the outcome may be.	<input type="radio"/>				
11. I believe I can achieve my goals, even if there are obstacles.	<input type="radio"/>				
12. Even when things look hopeless, I don't give up	<input type="radio"/>				
13. During times of stress/crisis, I know where to turn for help.	<input type="radio"/>				
14. Under pressure, I stay focused and think clearly.	<input type="radio"/>				
15. I prefer to take the lead in solving problems, rather than letting others make all the decisions	<input type="radio"/>				
16. I am not easily discouraged by failure.	<input type="radio"/>				
17. I think of myself as a strong person when dealing with life's challenges and difficulties.	<input type="radio"/>				
18. I can make unpopular or difficult decisions that affect other people, if it is necessary.	<input type="radio"/>				
19. I am able to handle unpleasant or painful feelings like sadness, fear, and anger	<input type="radio"/>				
20. In dealing with life's problems, sometimes you have to act on a hunch, without knowing why.	<input type="radio"/>				
21. I have a strong sense of purpose in life.	<input type="radio"/>				
22. I feel in control of my life.	<input type="radio"/>				
23. I like challenges.	<input type="radio"/>				
24. I work to attain my goals, no matter what roadblocks I encounter along the way.	<input type="radio"/>				
25. I take pride in my achievements.	<input type="radio"/>				

Section E: FLOVQ

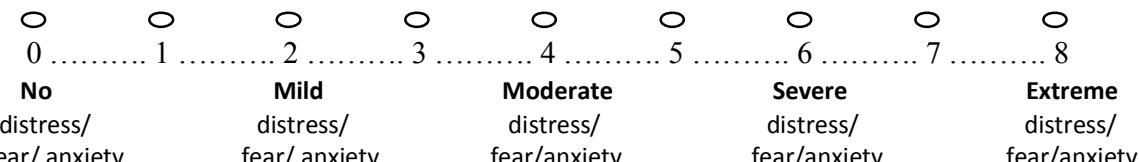
Please indicate how much **distress, anxiety, or fear** you would feel with each of the following experiences using the 0-8 scale below,
0 = no distress, anxiety, or fear [-----] 8 = extreme distress, anxiety, or fear.

Please rate each item even if you would not actually allow yourself to have that experience.

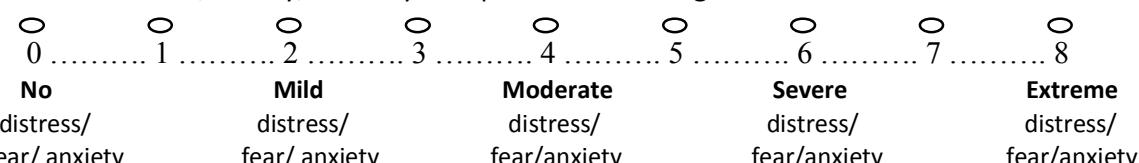
1. How much distress/anxiety/fear do you experience when you experience **drowsiness**?



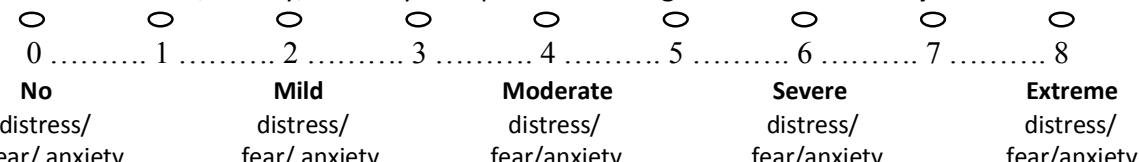
2. How much distress/anxiety/fear do you experience when **zoning or spacing out**?



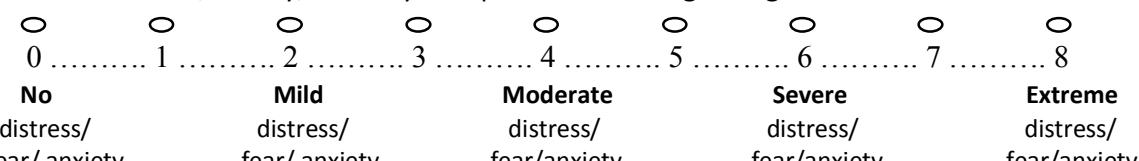
3. How much distress/anxiety/fear do you experience **not being wide awake**?



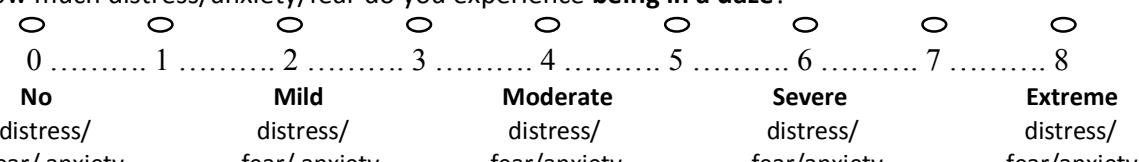
4. How much distress/anxiety/fear do you experience **feeling disconnected from yourself**?



5. How much distress/anxiety/fear do you experience **"missing" things in conversations**?

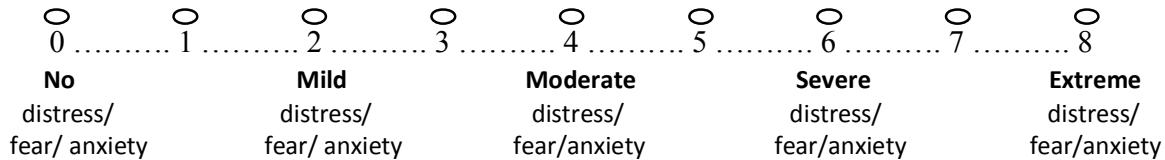
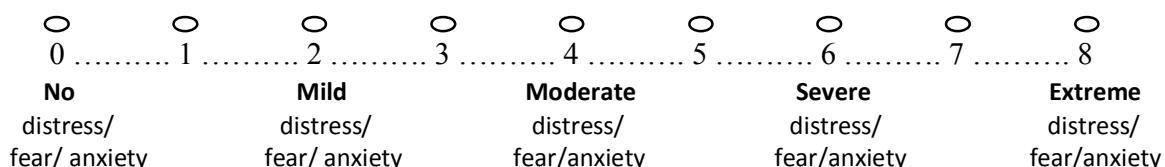


6. How much distress/anxiety/fear do you experience **being in a daze**?



7. How much distress/anxiety/fear do you experience **becoming drowsy after taking an antihistamine or related drugs**?



Section E: FLOVQ continued8. How much distress/anxiety/fear do you experience **not being fully alert?**9. How much distress/anxiety/fear do you experience when **daydreaming?**10. How much distress/anxiety/fear do you experience **nodding off during the day?**11. How much distress/anxiety/fear do you experience when **experiencing wooziness?**12. How much distress/anxiety/fear do you experience **not being fully aware of your surroundings?**13. How much distress/anxiety/fear do you experience when experiencing **mental exhaustion?**14. How much distress/anxiety/fear do you experience when experiencing **fatigue from lack of sleep?**

Section F: PCL-M

Below is a list of problems and complaints that people sometimes have in response to stressful military experiences. Please read each one carefully, then fill in the circle that indicates how much you have been bothered by that problem in the PAST MONTH.

In the PAST MONTH, have you been bothered by...	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful military experience from the past?	<input type="radio"/>				
2. Repeated, disturbing <i>dreams</i> of a stressful military experience from the past?	<input type="radio"/>				
3. Suddenly <i>acting or feeling</i> as if a stressful military experience were <i>happening again</i> (as if you were reliving it)?	<input type="radio"/>				
4. Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful military experience from the past?	<input type="radio"/>				
5. Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, sweating) when <i>something reminded</i> you of a stressful military experience from the past?	<input type="radio"/>				
6. Avoiding <i>thinking about or talking about</i> your stressful military experience or avoiding <i>having feelings</i> related to it?	<input type="radio"/>				
7. Avoiding <i>activities or situations</i> because they reminded you of your stressful military experience?	<input type="radio"/>				
8. Trouble <i>remembering important parts</i> of a stressful military experience?	<input type="radio"/>				
9. <i>Loss of interest</i> in activities that you used to enjoy?	<input type="radio"/>				
10. Feeling <i>distant</i> or cut off from other people?	<input type="radio"/>				
11. Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	<input type="radio"/>				
12. Feeling as if your <i>future</i> somehow will be cut short?	<input type="radio"/>				
13. Trouble <i>falling or staying</i> asleep?	<input type="radio"/>				
14. Feeling <i>irritable</i> or having angry <i>outbursts</i> ?	<input type="radio"/>				
15. Having <i>difficulty</i> concentrating?	<input type="radio"/>				
16. Being "super alert" or watchful or on guard?	<input type="radio"/>				
17. Feeling <i>jumpy</i> or easily startled?	<input type="radio"/>				

Section G: PDAQ

Please indicate your level of agreement/disagreement with each of the following sentences.

1. I believe that persons with Posttraumatic Stress Disorder (PTSD) are to blame for their problems.

<input type="radio"/>						
1	2	3	4	5	6	7
Agree						Disagree

2. I think that persons with psychosis are likely to benefit from counseling.

<input type="radio"/>						
1	2	3	4	5	6	7
Agree						Disagree

3. I believe that persons with depression are to blame for their problems.

<input type="radio"/>						
1	2	3	4	5	6	7
Agree						Disagree

4. I feel sorry for persons with depression.

<input type="radio"/>						
1	2	3	4	5	6	7
Agree						Disagree

5. I think that persons with depression will recover.

<input type="radio"/>						
1	2	3	4	5	6	7
Agree						Disagree

6. I feel sorry for persons with PTSD.

<input type="radio"/>						
1	2	3	4	5	6	7
Agree						Disagree

7. I think that persons with PTSD will recover.

<input type="radio"/>						
1	2	3	4	5	6	7
Agree						Disagree

8. I avoid persons with psychosis.

<input type="radio"/>						
1	2	3	4	5	6	7
Agree						Disagree

9. I think that persons with PTSD are likely to benefit from counseling.

<input type="radio"/>						
1	2	3	4	5	6	7
Agree						Disagree

Section G: PDAQ continued

10. I believe that persons with psychosis are likely to benefit from medicine.

<input type="radio"/>						
1	2	3	4	5	6	7
Agree						Disagree

11. I think that persons with psychosis will recover.

<input type="radio"/>						
1	2	3	4	5	6	7
Agree						Disagree

12. I avoid persons with depression.

<input type="radio"/>						
1	2	3	4	5	6	7
Agree						Disagree

13. I believe that persons with depression are likely to benefit from medicine.

<input type="radio"/>						
1	2	3	4	5	6	7
Agree						Disagree

14. I think that persons with depression are likely to benefit from counseling.

<input type="radio"/>						
1	2	3	4	5	6	7
Agree						Disagree

15. I believe that persons with PTSD are likely to benefit from medicine.

<input type="radio"/>						
1	2	3	4	5	6	7
Agree						Disagree

16. I avoid persons with PTSD.

<input type="radio"/>						
1	2	3	4	5	6	7
Agree						Disagree

17. I believe that persons with psychosis are to blame for their problems.

<input type="radio"/>						
1	2	3	4	5	6	7
Agree						Disagree

18. I feel sorry for persons with psychosis.

<input type="radio"/>						
1	2	3	4	5	6	7
Agree						Disagree

SECTION H: UNIT SUPPORT

The statements below are about your relationships with other military personnel while you were deployed. Please read each statement and describe how much you agree or disagree by filling in the circle that best fits your answer.

	Strongly DISAGREE	Somewhat DISAGREE	NEITHER AGREE NOR DISAGREE	Somewhat AGREE	Strongly AGREE
1. My unit was like family to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I felt a sense of camaraderie between myself and other soldiers in my unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Members of my unit understood me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Most people in my unit were trustworthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I could go to most people in my unit for help when I had a personal problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My commanding officer(s) were interested in what I thought and how I felt about things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I was impressed by the quality of leadership in my unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My superiors made a real attempt to treat me as a person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The commanding officer(s) in my unit were supportive of my efforts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I felt like my efforts really counted to the military.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The military appreciated my service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I was supported by the military.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION I: RELATIONSHIPS WITHIN UNIT

The next set of questions is also about your relationships with other military personnel while deployed. Please describe how often you experienced each circumstance by filing in the circle that best fits your answer.

While I was deployed, unit leaders or other unit members:	Never	Once or Twice	Sometimes	Many Times
1. ...treated me in an overly critical way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.behaved in a way that was uncooperative when working with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. treated me as if I had to work harder than others to prove myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. questioned my abilities or commitment to perform my job effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. acted as though my mistakes were worse than others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.tried to make my job more difficult to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. "put me down" or treated me in a condescending way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. gossiped about my sex life or spread rumors about my sexual activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.made crude and offensive sexual remarks directed at me, either publicly or privately.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.offered me some sort of reward or special treatment to take part in sexual behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.threatened me with some sort of retaliation for not being sexually cooperative (for example, the threat of a negative review, physical violence, or to ruin my reputation).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.made unwanted attempts to stroke or fondle me (for example, stroking my leg or neck).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.made unwanted attempts to have sex with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.forced me to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section J: DEPLOYMENT CONCERNS

The statements below are about the amount of danger you felt you were exposed to while you were deployed. Please read each statement and describe how much you agree or disagree with each statement by filling the circle in the column that best fits your answer.

During my deployment ...	Strongly DISAGREE	Somewhat DISAGREE	NEITHER AGREE NOR DISAGREE	Somewhat AGREE	Strongly AGREE
1. I thought I would never survive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I felt safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I was extremely concerned that the enemy would use nuclear, biological, chemical agents (NBCs) against me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I felt that I was in great danger of being killed or wounded.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I was concerned that my unit would be attacked by the enemy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I worried about the possibility of accidents (for example, friendly fire or training injuries in my unit).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I was afraid I would encounter a mine or booby trap.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for completing this survey.